|   |  |   |            |                               |                              |                  |                   | Application or Docket Number |                        |           |   |                        |  |
|---|--|---|------------|-------------------------------|------------------------------|------------------|-------------------|------------------------------|------------------------|-----------|---|------------------------|--|
|   | PAPENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000   |   |            |                               |                              |                  |                   |                              |                        |           |   |                        |  |
| Effective October 1, 2000   |  |   |            |                               |                              |                  |                   | 09775840                     |                        |           |   |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |            |                               |                              |                  | SMALL ENTITY TYPE |                              |                        | OR        | OTHER THAN                              |                        |  |
| TO  | TAL CLAIMS   | 1/3                                       |            |                               |                              | ſ                | RATE              | FEE                          | )<br>                  | RATE      | FEE                                     |                        |  |
| FC  | R  | NUMBER FILED                              |            | NUMBER EXTRA                  |                              |                  | BASIC FEE         |                              | OR                     | BASIC FEE |   |                        |  |
| TC  | TAL CHARGEA  | 11.3 - minus 20=                          |            | • 9.3                         |                              |                  | X\$ 9=            |                              | OR                     | X\$18=    |   |                        |  |
| INE   | EPENDENT CL  | 3 - minus 3 =                             |            | . 0                           |                              |                  | X40=              |                              | OR                     | X80=      |   |                        |  |
| ML  | LTIPLE DEPEN   | IDENT CLAIM PI                            | RESENT     |                               |                              |                  | ı                 | +135≃                        |                        | OR        | +270=                                   |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |            |                               |                              |                  |                   |                              | 1192.50                |           | TOTAL                                   |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |            |                               |                              |                  |                   |                              | 1170.                  | ,         | OTHER                                   | THAN                   |  |
| 6   | -04-04   | (Column 1)                                |            | (Colu                         | mn 2)                        | (Column 3)       |                   | SMALL I                      | ENTITY                 | OR        | SMALL                                   |                        |  |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |                   | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 18                                      | Minus      | . //                          | 1.3                          | = /              | -                 | X\$ 9=                       |                        | OR        | X\$18=                                  |                        |  |
|   | independent  | NTATION OF MI                             | Minus      | ***                           | 7                            | = 1              | 1                 | X40=                         |                        | OR        | X80=                                    |                        |  |
|   | HHSI PHESE   | M 4O MOITAIN:                             | OLITPLE DE | PENUEN                        | PCLAIM                       |                  |                   | +135=                        |                        | OR        | +270=                                   |                        |  |
|   |  |   |            | .= '>                         |                              |                  | L                 | TOTAL<br>ADDIT, FEE          |                        | OR        | TOTAL<br>ADDIT, FEE                     |                        |  |
|   | a single   | (Column 3)                                |            |                               |                              |                  |                   | -                            |                        |           |   |                        |  |
| AMENDMENT B.  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | PREVI                         | BER                          | PRESENT<br>EXTRA |                   | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus      | **                            |                              | =                |                   | X\$ 9=                       |                        | OR        | X\$18=                                  |                        |  |
|   | Independent  | •   | Minus      | ***                           |                              | =                |                   | X40=                         |                        | OR        | X80=                                    |                        |  |
|   | FIRST PRESE  | NTATION OF MI                             | ULTIPLE DE | PENDEN                        | CLAIM                        |                  | 1                 | +135=                        |                        | OR        | +270=                                   |                        |  |
|   |  |   |            |                               |                              |                  | L                 | TOTAL<br>DDIT. FEE           | ·                      |           | TOTAL<br>ADDIT FEE                      |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |            |                               |                              |                  |                   |                              |                        | -         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                   | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  |   | Minus      | ••                            |                              | =                |                   | X\$ 9=                       |                        | OR        | X\$18=                                  |                        |  |
|   | Independent  | •   | Minus      | ***                           |                              | =                |                   | X40=                         |                        | OR        | X80=                                    |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPE  |   |            | PENDEN                        | T CLAIN                      |                  | 1                 |                              |                        |           |   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |            |                               |                              |                  |                   | +135=<br>TOTAL               |                        | OR        | +270=                                   |                        |  |
| **  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |            |                               |                              |                  |                   |                              |                        | OR        | TOTAL<br>ADDIT. FEE                     |                        |  |
|   |  | moar Previously Pa                        |            |                               |                              |                  | er foul           | nd in the ap                 | propriate bo           | x in co   | iumn 1.                                 |                        |  |